

E-resource topics: Aggregator Neutral record for integrating resources/databases?
Outline for the discussion

Some integrating resources, normally indexes, have a single source, but they often have several service providers.

Some examples:

Medline (National Library of Medicine is the source; also available via OCLC, EBSCO, OVID, Cambridge Scientific Abstracts, etc.)

PAIS international (source Cambridge scientific abstracts; also available also via OCLC, OVID/Silverplatter, etc.?)

Art index/fulltext/abstracts (source Wilson; also available via OCLC FirstSearch, others?)

Sociological abstracts (source CSA; also available via OVID/Silverplatter, OCLC FirstSearch, etc.?)

CINAHL (source: CINAHL Information Systems; also available via OCLC FirstSearch, OVID/Silverplatter)

Education index/full-text/abstracts (source Wilson; also available via OCLC FirstSearch)

ERIC is also a government source, but is available via many interfaces/providers such as EBSCO, OCLC FirstSearch, etc.

Presently there are many records in OCLC for each of these "editions" (and many times there are duplicates of these; for example, two or more records for the OCLC FirstSearch version of ERIC).

It seems that for these types of resources one record could suffice, modeled on the aggregator neutral practice for electronic journals, and this would be cost-effective and save cataloging time.

Are we well (patrons and ourselves as catalogers) served by having a record for each "edition" based on service provider in OCLC? Or would the library patrons and us be better served with an aggregator or "provider" neutral single record for these kinds of resources, preferable based on the originator or source of the resource. (It is interesting to note, also, that these kinds of resources were serials in print form, but now are integrating resources in online form).

Perhaps rules could be drawn up to allow for this kind of treatment of these kinds of resources. Other types of integrating resources and updating websites that are unique would have no need of such treatment.